

## MICHIGAN DEPARTMENT OF COMMUNITY HEALTH CO-PAYMENT REQUIREMENTS

The co-payment requirements listed in the table below apply to most<sup>1</sup> Michigan Medicaid fee-for-service beneficiaries age 21 and older and Adult Benefits Waiver (ABW) fee-for-service beneficiaries.<sup>2</sup> For detailed information about a specific co-payment requirement, refer to the [Medicaid Provider Manual](#). Exceptions to some co-pay requirements may apply and are noted in the table. There are no co-payment requirements for the MOMS, *Plan First!* Family Planning Waiver, or Children's Special Health Care Services programs.

Providers may not refuse to render service if a beneficiary is unable to pay the co-payment amount at the time the service is provided, nor can they refuse to render future services due to unpaid co-payments unless the MDCH provider co-payment policy is followed. Refer to the Medicaid policy bulletin MSA 07-03 for details related to the co-payment policy requirements.

SERVICE	MEDICAID CO-PAYMENT <sup>2</sup>	ABW CO-PAYMENT <sup>2</sup>
<b>Physician Office Visit (including free-standing urgent care clinics)</b>	\$2 <sup>3</sup>	\$2 <sup>4</sup>
<b>Outpatient Hospital Clinic Visit</b>	\$1 <sup>5</sup>	\$1 <sup>6</sup>
<b>Emergency Room Visit for Non-Emergency Service</b> No co-pay for emergency services	\$3 <sup>7</sup>	\$3 <sup>7</sup>
<b>Inpatient Hospital Stay</b>	\$50	Non-covered service
<b>Pharmacy</b>	\$1 generic drug \$3 brand drug	\$1 all drugs
<b>Chiropractic Visits</b>	\$1	Non-covered service
<b>Dental Visits</b>	\$3	Non-covered service
<b>Hearing Aids</b>	\$3/aid	Non-covered service
<b>Podiatric Visits</b>	\$2	Non-covered service
<b>Vision Visits</b>	\$2	Non-covered service

<sup>1</sup> Excluded from the co-payment requirement:

- Medicare/Medicaid dually eligible beneficiaries
- CSHCS/Medicaid dually eligible beneficiaries
- Beneficiaries residing in a nursing facility
- Pregnancy related services
- Family planning related services
- Mental health specialty services and supports provided/paid through the Prepaid Inpatient Health Plans
- Mental health services provided through state psychiatric hospitals, the state Developmental Disabilities Center, and the Center for Forensic Psychiatry

<sup>2</sup> Co-payment requirements for Medicaid and ABW beneficiaries enrolled in managed care plans (i.e., Medicaid Health Plan or County Health Plan) may differ from those listed in the table. Contact the appropriate health plan for plan-specific co-payment requirements.

<sup>3</sup> procedure codes 99201-99205, 99211-99215, 99385-99387, 99395-99397

<sup>4</sup> procedure codes 92002-92014, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99385-99387, 99395-99397

<sup>5</sup> revenue code 51x

<sup>6</sup> procedure codes 99201-99205, 99211-99215, 99385-99387, 99395-99397

<sup>7</sup> revenue code 451 billed without 452, or revenue code 456